Virginia Office of Emergency Medical Services Consolidated Grant Program Information and Application Instructions

Revision – July 2004

Rescue Squad Assistance Fund
General Fund

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Virginia Department of Health
Office of Emergency Medical Services
109 Governor Street, Suite UB-55
Richmond Virginia 23219
(804) 864-7600
(800) 523-6019
Our web site address is: www.vdh.virginia.gov/oems

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    * New Information:

    New Survey forms required for -
    Special Projects Requests
    Extrication Equipment or Crash/Rescue Truck Requests

INTRODUCTION
Virginia Office of EMS Grant Programs

The Rescue Squad Assistance Fund remains the reimbursement grant program that provides the most funding with the least restrictions. All requests for EMS vehicles and equipment and for manual/combination defibrillators must be made under RSAF – General section. An Operational Medical Director (OMD) signature is required for all EMS agencies applying for any part of this grant.

> *Important Reminders*
> ✓ Items funded by the Rescue Squad Assistance Fund cannot be used as collateral to secure a loan.
> ✓ Any vehicle funded by the Rescue Squad Assistance Fund must be available for service 24/7 .
> ✓ Computer awards require that grant applications and PPCR data be submitted electronically. Agency must supply OEMS with e-mail address.
> ✓ Vehicle Page – Indicate if a vehicle has been ordered but not placed in service.
> ✓ OMD signature is required on each grant
> ✓ <u>Extrication Equipment or Crash/Rescue Trucks Requests</u> – **Require Extrication Equipment or Crash/Rescue Truck Survey Form   page #**
> ✓ <u>Special Project Requests –</u> Require submission of **Special Project Request Survey Form   page #**

Items Not Eligible for Funding

Items not eligible for RSAF funding include construction costs; daily operational costs such as charges for warranties, electricity, gasoline, or tires.

Also, review the Evaluation Criteria, page 7 for information regarding the evaluation of vehicle requests (calls/vehicle/year and number of EMS certified personnel). If you have any questions concerning completing your grant application, please contact your regional EMS council office or OEMS at (804) 864-7600 or (800) 523-6019.

GRANT PROGRAM OVERVIEW

Definitions

ALS	Advanced Life Support
EMS	Emergency Medical Services
OEMS	Office of Emergency Medical Services
OMD	Operational Medical Director
RSAF	Rescue Squad Assistance Fund

Eligibility
1. Applicant **must** be a Virginia non-profit agency/organization involved in emergency medical service (EMS).
2. Applicant **must** submit verification of its Federal Identification Number (FIN). Verification can be providing in the following formats:
    ✓ front page of the latest Federal Income Tax Return for Not-For-Profit, Form 990
    ✓ original letter from IRS issuing FIN;
    ✓ a copy of the tax reporting form used or a statement from the County Administrator or City Manager of the municipality stating that the applicant is non-profit and verifies their FIN. (The number on this form or statement must agree with the FIN being used on the grant application.)
3. The Virginia Office of EMS Consolidated Grant Program Application Form must be completed in its entirety including the original signature of the authorized agent and the OMD. The authorized agent will be responsible for getting the approval and support of the volunteer agency on whose behalf the grant funds have been requested.

4.   All requests shall comply with applicable plans, policies, procedures and guidelines adopted by the State EMS Advisory Board.
5.   Separate and specific eligibility requirements for specific programs are covered in their respective sections.
6.   Affirmation, Page 9 of application, must include the signature of the applicant's OMD for all requests.

Submission Instructions
1.   In order for your application to be reviewed for possible funding consideration, a **completed** application must be submitted prior to the deadline and contain all information requested. Failure to provide the required pages will result in your application not being accepted for funding consideration. It is suggested that the applicant utilize the checklist provided on the front of the forms' section to ensure a complete application submission.
2.   **Automated Submission**: When submitting your request on the consolidated Grant Application program you must submit the application file either via mail or as an e-mail attachment. The signed Affirmation Page must also be completed and returned by close of business on the prescribed stipulated deadline.
3.   **Deadlines for submission of applications are March 15 and September 15 at 5:00 p.m. of each year**. If the deadline falls on a weekend or holiday, the application is due by 5:00 p.m. the next business day. Applications must be submitted to the Office of Emergency Medical Services, 109 Governor St UB-55 Richmond, Virginia 23219.
4.   Applications submitted by FAX will **not** be accepted.
5.   Submission of applications must be made using the current version of the grant application.
6.   Neither purchases nor verbal or written contract obligations can be made prior to the date of grant award.
7.   The applicant shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, creed, color, religion, sex, disability or national origin.
8.   The applicant is encouraged to contact OEMS, their local EMS council, or OEMS Program Representative (area coordinator for field operations) to obtain application assistance.
9.   Notification to awardees will be distributed on July 1 and January 1. Grant awards are for a 12 month period beginning July 1 through June 30, and January 1 through December 31, respectively.
10: The applicant may submit a request for funding of multiple items and/or projects under RSAF. **However, the applicant can submit a maximum of one application. Multiple applications will be accepted and combined together.**
11. Submit one original application including original signature page and exact copies as follows:

Printed Application:	1 original and 9 copies
Automated Application:	Application File, *printed copy of application file* & Affirmation Page

Application Acceptance Guidelines
1.   Applications must be received in the OEMS by the prescribed deadline as indicated on Page 2, Submission Instructions, Item 3.
2.   The applicant submits all applicable forms for any and all grant programs in which funding is being requested.
3.   The application must be completed in its entirety.
4.   The request(s) must be EMS related in accordance with established guidelines.
5.   All requests for financial assistance shall comply with all Rules and Regulations, applicable plans, policies, procedures and guidelines adopted by the State EMS Advisory Board.

Review Process

1.   Only applications that have met the above Application Acceptance Guidelines will be accepted for review. Those accepted will be forwarded to the following within 10 days of the application acceptance (deadline):

   ✔   Local Regional EMS Council
   ✔   Regional OEMS Program Representative - Area coordinator for field operations.
   ✔   OEMS Technical Staff, if request(s) is for communications equipment, computer items or items requiring technical review as deemed appropriate by OEMS.
   ✔   Other parties as deemed appropriate by OEMS

2.   These individuals will review each application based on the grading scale provided for each program. The recommendations and comments will be submitted to OEMS within 30 days.
3.   Once the parties mentioned above return their comments and recommendations, OEMS will provide all documentation

to FARC within 10 days for their review.

4. Within 30 days the committee provides comments and grades for each requested item and returns documentation to OEMS, which are then entered into the office database for tabulation. The reviewing committees will conduct a public meeting (usually the first week of June and December, respectively) for announcing the requests that received a viable funding grade. Information may be provided or requested concerning requests announced for funding from those attending the meeting.

5. The Committee reserve the right to recommend a request be partially funded or to place a condition of funding on any award.

6. Within 7 days of the award meeting, a report of the requests that are "Recommended for Funding" will be submitted to the OEMS Director for approval.

7. OEMS will mail written notification to those agencies that received funding and those that were not funded on correspondence dated July 1 and January 1, respectively.

RESCUE SQUAD ASSISTANCE FUND

What is the Rescue Squad Assistance Fund?

The Rescue Squad Assistance Fund (RSAF) is a multi-million dollar matching grant program for Virginia non-profit EMS agencies and organizations to provide financial assistance based on demonstrated financial need. Funding is also recommended on the documented need of the specific item being requested. The primary goal of this program is to financially assist non-profit EMS agencies and organizations to purchase EMS equipment and vehicles. RSAF is a reimbursement grant that requires the grantee to make the purchase for the awarded item(s) and then submit an original invoice for reimbursement.

General Fund: The General category accepts requests for the items listed on the Priority Chart and provides them in funding priority.

The priority chart was developed in order to give applicants an understanding of the items considered to be of high, medium and low priority in receiving funding recommendation.

EMS Equipment/Project Priority Chart

TIER 1 - High Probability		
Projects with state-wide benefit AEDs/Defibrillators Ambulance Rechassis Ambulance (New Service/ Add'l Sta.)	**EMD Implementation/Training** Regional Communications System Computers Medical Radios	**Recruitment/Retention Projects** Regional Training Center Specialized Training Up-Grade from BLS to ALS
TIER 2 - Medium Probability		
Add/Replace Extrication Equip. Ambulance Cots Extrication Equip. (Initial) Extrication Equip. (Initial)	Portable Radios Portable Suction Units	Replace/Add Ambulance Training Equipment
TIER 3 - Low Probability		
Requests for Small Items (<$2,500) Auto BP, Thermometers, Thumpers Auto-vents BLS Equipment (back bds, O2 reg) Boats Broslow Kit (No RX) Crash Truck	**Requests for non-essential items** Duplicate Equipment GPS Generators Glucometer Laryngoscopes Hepatitis Vaccine Maintenance	Office Equipment Opticom Traffic Light Sign Sys Pediatric Car Seat Triage Tags Turnout Gear

EMS Management & Leadership Training & Project Priority Chart

TIER 1 - High Probability	
EMS Recruitment Programs CISM Training Internet Web Page	**EMS Retention Programs** Management & Leadership Training
TIER 2 - Medium Probability	
Billboards Brochures Business Recognition Display Booth	Newsletter Newspaper Advertising Radio Advertising Television Advertising
TIER 3 - Low Probability	
Coloring Books Department Signs	Pins, Plaques Squad Clothing (shirts, jackets, etc.)

EMS Management & Leadership Training (For Recruitment and Retention of Members) –
NOW under General Fund

The primary goal of funding these projects is to provide management and leadership training for the leaders and officers of Virginia's non-profit EMS agencies. These training programs and or projects will raise the awareness of good business practices and improve the recruitment and retention of personnel. Priority consideration will be given to programs that will enhance the management and leadership of volunteer EMS agencies.

Emergency Operations Response Chart

TIER 1 – High Probability
Radios Internal Notification System HAM Radio and training course Deployment identification gear* Laptop with wireless connection ability Portable Printer/Scanner
TIER 2 – Medium Probability
Deployment Protective Gear* Rehabilitation Team Gear* GPS Cellular Phone Satellite Phone
PIER 3 – Low Probability
Camera and supplies

Emergency Operations Response

The primary goal of funding these projects is to provide assistance to **recognized** deployment teams of Virginia's Emergency Operations Response system. This equipment will assist the teams in deploying in a more efficient manner and better serve the communities to which they are deployed. Priority consideration will be given to teams already **recognized** by the Office of EMS.
(apply under General Funds)

Special Projects

Requests for new and innovative projects that can benefit the Virginia EMS system are encouraged. **(apply under General Fund**)

Special Projects - continued
The Virginia Office of EMS encourages Special Projects that will benefit our EMS system. The purpose of this grant initiative is to support new and innovative projects through the Rescue Squad Assistance General Fund. Such Special Projects must be planned and developed to meet outlined objectives that will enhance EMS service and provide specific benefits to the system and users.

Application Process
Grant applicants must submit an application for an EMS Special Project through the Rescue Squad Assistance Fund Grant Application under the General Fund Category. Applications are to be submitted using the Computerized Grant Application Program (CGAP). In addition to a completed Rescue Squad Assistance Fund Grant Application all applicants must complete and submit a Special Projects Questionnaire as provided in the grant application.

Special Projects Evaluation Criteria
Grant applications will be evaluated along with the Special Projects Questionnaire taking into consideration the objectives defined; timelines; clear definition of benefits to the EMS system; and how those benefits will be measured. **Recruitment and Retention Projects are a high priority.**   Should a Special Grant be awarded, the recipient will be required to submit a six-month progress report and a final evaluation report to identify project impact and performance. By completing this process, the Office of EMS is able to highlight the value of our grant funds and RSAF Program.

EVALUATION CRITERIA – for all RSAF Requests (excluding Special Projects-see above)

Evaluation Criteria
1. Requested item/project is required for licensure and/or certification by the Rules and Regulations Governing Emergency Medical Services.
2. Equipment requested is required for upgrade from BLS to ALS. OMD identified, class availability, statement of endorsement from local governing body supporting upgrade.
3. Current personnel trained to operate requested items. Equipment matches level of care.
4. **NEW:** Vehicle requests will be evaluated based on current vehicle inventory, call volume/vehicle/year and current number of EMS certified personnel. (Guideline/Rule of Thumb: 300 calls/vehicle/year as a minimum.)
5. Requesting agency serving more than its own service area, an increasing percent of calls are out of its district.
6. Equipment requested to be shared with other EMS agencies.
7. Program request identified in local, regional and/or state EMS Plan(s) as priority, impact to citizens served. The program/equipment request is compatible with goals and objectives of the Agency, EMS Region and the Commonwealth.

Grading Scale

Grade 1 -   Immediate Funding Need
   Alternative funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.

Grade 2 -   Definite Funding Need
   Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens served.

Grade 3 -   Project Needed Eventually
   Local funding available in future. System will benefit from improved time table. Limited available funding.

Grade 4 - Project Can Be Delayed
   Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.

Grade 5 -   Project Not Needed
   Local funds available. Limited or no impact to service area. Duplication of resources. Consideration will be given as need is evident. Failure to submit a complete application.

APPLICATION INSTRUCTIONS

The following are line-by-line instructions for the completion the Virginia Office of Emergency Medical Services Consolidates Grant Programs Application**.**

Agency Information - Page 1 (*This page must be completed for all grant programs.)*

- **Grant Type -** The Rescue Squad Assistance Fund is the current grant program.
- **Agency Name –** Enter the name of the applying agency/organization.
- **EMS Agency License Number** (if applicable) - If your agency is licensed by OEMS you have been issued an EMS agency number. NOTE: An agency does not have to be licensed by OEMS to be eligible for a grant. However, agency licensure may be a condition of a grant award.
- **Agency Certification** - Currently licensed EMS agencies hold a certification at either the BLS or ALS level of care.
- **Address, City, State, Zip** - Address at which the agency receives it's mail. This address cannot be an individual member's home address.
- **Regional Council** - All areas of the state are serviced by a regional EMS council office. If you do not know which council services your area, please contact OEMS.
- **Federal ID Number (FIN)** - Each agency must have an **individual** Federal Identification Number. . **NOTE:** Auditing requirements will not allow payments to be made to any organization that does not have a FIN. **NOTE:** The use of your county's or another organization's FIN is **not** acceptable.
- **Organization Structure:** Indicate which best describes your agency structure.

Agency Data - Page 2 (*This page must be completed for all grant programs)*
Personnel Data

Current OEMS Certification - List each member only once.
- **First Responder -** Those providers holding the certification of first responder or EMT.
- **EMT -** Those providers holding the certification of EMT.
- **EMT Enhanced –** Those providers holding the certification of EMT-Enhanced.
- **Shock Trauma -** Those providers holding the certification of Shock Trauma Technician.
- **Intermediate –** Those providers holding the certification of Intermediate.
- **Cardiac Technician** - Those providers holding the certification of Cardiac Technician.
- **Paramedic** - Those providers holding the certification of Paramedic.
- **Driver Only** - Those members that function in a driver only capacity.
- **Other (support staff, junior member, etc.)** - Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
- **Total Number of Personnel** - The total number of personnel in your organization.   This number must match the "Total Members" from the "Member Status" section listed below.

Member Status
- **Career** - The number of personnel that are considered career (paid personnel).
- **Volunteer** - The number of personnel that are volunteers. (receive no compensation for service.)
- **Total members** - The total number of members in your organization. This number must match the "Total Number of Personnel" from the "Current OEMS Certification" section listed above.
  *Regional council requests do not require the completion of this portion.

Operational Activity
- **Type of EMS Service -** Indicate which best describes your agency: career, a combination of career and volunteer or strictly volunteer.

Total EMS Calls
- **BLS Calls (including stand-bys)-** Total number of calls recorded as Basic Life Support call.
- **ALS Calls** - Total number of calls recorded as Advanced Life Support call.
- **Total Number of Calls** - The total of BLS and ALS calls from above.

Demographics
- **Square Miles of Service Area** - Total square miles of service area covered by your agency.
- **Population of Service Area** - Total population of service area covered by your agency.
- **Total Number of Stations** - Total number of stations operated by your agency including sub-stations.
- **Number of calls your agency was UNABLE to respond to, for any reason** - This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- **Number of calls your agency responded to outside your first due area** – This total should include calls for mutual aid, etc.
- **Average Call Time** - Calculate average call time for calls run over a period of time.
- **Average Round Trip Mileage per Call** - Calculate average round trip mileage per call for calls run over a period of time.
- **Average mileage to nearest hospital** - Mileage to the nearest hospital.
- **Comments** - Use this section to briefly describe any information that was requested above.

Vehicle Data - Page 3
Rescue Squad Assistance Fund requests only - list only EMS licensed vehicles.

- **Chassis/Box Yr** – Indicate the year for the make of the chassis and the box.
- **Mileage** – Enter the current mileage for each and every vehicle listed.
- **Make/Model** – Enter the vehicle make and model. Example: Ford/E-350.
- **Type Code** – Enter the type code for each and every vehicle as indicated at the bottom of the page.
- **Class Permit** – Enter the class permit designation for each and every vehicle.
- **Unit #** - Enter the Unit # for each and every vehicle.

Financial Information for Non-Governmental Agencies - Page 4
Rescue Squad Assistance Fund requests only

Assets
- **Cash Balance** - Amount of cash on hand or in checking accounts as of the ending date of the financial period.
- **Real Estate** - Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- **Investments (unrestricted)** - Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- **Equipment, Vehicles, etc.** - Equipment, vehicles, furnishings, etc.
- **Restricted Funds** - Funds that are designated for a specific purpose such as a building fund.
- **Total Assets** - Total of all asset items listed above.
- **Does your agency charge a fee for service?** - Indicate yes or no.

Liabilities
- **Balance on Open Accounts** – Total amount owed on equipment, vehicles, furnishings, etc.
- **Notes or Mortgages Owed** - All outstanding notes or mortgages.
- **Other Indebtedness/Obligations** - All debts not indicated above.
- **Total Liabilities** - Total of all liability items listed above.
- **Net Worth** - Total of all assets minus the total of all liabilities.
- **How much per call?** - Indicate the amount charged per call, if a fee is charged.
- **Cost Recovery (rate of return)** - What is the cost recovery or rate of return?

Receipts/Revenue
- **Local Government** - Amount received from local government (county, city, town, etc.) **not** including the 25% Return to Locality: Two-for-Life monies.
- **25% Return to Locality (Two for Life Funds)** - Amount of funds received by the agency from OEMS.
- **Donations, Contributions, Bequests, Memorials, etc.** - Amount received by way of contributions and donations made by individuals or organizations other than governmental.
- **EMS Fee for Service** - Amount received through billing for service.
- **Fund Raising** - Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross. If

listed as a gross amount make sure to indicate costs incurred for a fund raising event under "Non-Operational Expenditures" in the Expenditures section..

- **Interest and Dividends** - Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** - Amount of funds received from state agencies (OEMS RSAF, etc.), philanthropic endowments or foundations.
- **Other Income/Revenue** - Amount of funds received through other sources not listed above.
- **Total Receipts/Revenue** – Total amount of funds received for the items listed above.
- **Describe your agency's definition of capital expenditures** - In the space provided indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, etc.)

Expenditures
- **Operational Expenses** - Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- **Personnel Costs** - Amount of funds expended to pay salaries and benefits, if applicable.
- **Capital Expenditures** - Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- **Other** - Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational Expenditures** - Amount of funds expended for accounting services, auditing fees, fund-raising costs, if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.
- **Total Expenditures** - Total amount of funds expended for the items listed above in the Expenditures section, for the period designated.
- **Cash Increase (Decrease)** - Amount of funds in "Total Receipts/Revenue" minus "Total Expenditures".
- **Beginning Cash Balance** - Amount of funds listed in "Beginning Cash Balance" in the Assets section.
- **Ending Cash Balance** - Amount of funds in "Cash Increase" minus "Beginning Cash Balance". This total will reflect the cash balance for the end of the period indicated.

IMPORTANT: If grant request is funded, the financial information submitted is subject to audit and funds may be revoked if financial information is determined to be incorrect or misleading.

Financial Information for Governmental Agencies - Page 5
Rescue Squad Assistance Fund requests only

- **EMS Budget (related to EMS operations only)** - Provide budget figures for the previous and current fiscal year relative to the period indicated, as well as the percentage of change between years.
- **Personnel Costs (Salary & Benefits)** - Funds budgeted for salary and benefits for personnel.
- **Operating Expenses** - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- **Capital Expenses** - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- **Total EMS Budget** – Total funds in each of the budget columns for previous and current fiscal years as well as the percentage of change between years.
- **Donations, Contributions, Bequests, Memorials, Etc.** - Funds anticipated to be collected in each budget year.
- **25% Return to Locality (Two-for-Life Funds)** - Funds the agency anticipates receiving from OEMS as part of the 25% Return to Localities.
- **Grants (from any source)** - Funds the agency has budgeted to receive from state agencies (OEMS RSAF, etc.), philanthropic endowments or foundations.
- **Amount received from EMS Fee for Service for last Fiscal Year** - Funds the agency received in fee for service in last fiscal year.
- **Describe your department's definition of capital expenditures** - Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- **Comments** – Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.

Request Page - Page 6

Rescue Squad Assistance Fund

- **Funding Level** - Indicate at what level your agency is seeking funding from the state for each item requested. Typical request is for 50/50.
    - **80% Funding Requests** – 80% funding is considered to be hardship and justification must be included in the narrative portion.
- **Type Code (see bottom of app page)** – Enter type code for the item being requested.
- **Add/Replace** - Indicate if the item that is being requested is a replacement, or additional equipment.
- **Quantity** - Indicate quantity being requested. Only one vehicle can be requested item section.
- **Current Inventory** - Indicate the number of items being requested that are currently owned by the agency. This number will include items that are similar to those items being requested. (Example: An agency requesting 2 - Zoll 1600 Defibrillator yet has 1 - LifePak 10 and 1- LifePak 500 in their inventory would place a 2 in this block.)
- **Item Requested** - Provide a *brief* description of the item being requested.
- **Total Purchase Amount - I**ndicate the total amount of the item being requested.
- **Narrative** - The narrative section provides the agency with the opportunity to explain their agency's need for the item(s) requested and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Technical Information for the Purchase of an Emergency Response Vehicle - Page 7
Rescue Squad Assistance Fund requests only
(*This page must be completed for each and every vehicle being requested.***)**

- **Requested Vehicle:** - Place a check in the box that best describes this request.
    - **Permanent Replacement** - Following four (4) questions relate to replacing a vehicle.
    - **Rechassis/Refurbish** - Complete this page beginning with the "Rechassis" section.
    - **Additional Vehicle** - Complete the "Vehicle Location" and "Vehicle Maintenance" sections.

- **The following four (4) inquiries must be answered if requesting a replacement vehicle –** Complete only if requesting a **replacement** vehicle.
- **The following inquiry must be answered if requesting to rechassis/refurbish a vehicle** - Complete only if requesting a rechassis/refurbish.
- **Vehicle Location** - Provide the physical location that the vehicle will be housed.
- **Vehicle Maintenance -**   Describe the maintenance program used on vehicle(s) and the system for recording maintenance activity. Provide the average length in years and mileage that vehicle(s) are maintained by the agency.

Technical Information for the Purchase of Communication Equipment - page 8
Rescue Squad Assistance Fund requests only

Instructions for Completion of the Supplemental Information Form
"Technical Information for Radio Communications Equipment"

The supplemental information form "Technical Information for Radio Communications Equipment" is provided to assist in fully describing technical and evaluative data for communications equipment requests. The applicant should fully describe the project and equipment requested on the **Description of Project** page, being sure to define the functional use of all requested equipment and any problems with existing equipment. All requested equipment must also be listed on the **Grant Request** page.

This form must be completed and submitted with your RSAF application if you are requesting grant funds for any of the following communications equipment:

☐   Base Station Radio Equipment, Consoles, Fixed Radio Equipment
☐   Mobile or Portable Radios and/or Accessories

☐   Pagers and Alerting Receivers

☐   Any Other Communications Equipment or Radio Frequency Controlled Device
(i.e., Cellular Phones, GPS Receivers, Signaling Equipment, Traffic Control Devices)

Applicants are reminded that funding may be based on the cost of equipment capable of providing the intended functions rather that specific brand name items and models. While grantees may be permitted to purchase specific models or equipment with added features, the costs of optional items and accessories must often be paid by the grantee. Competitive procurement procedures may be required.

Technical Information for Radio Communications Equipment

Agency Frequency Plan (Required for All Radio Requests): List the frequencies, CTCSS (PL) or DPL tones, FCC call sign, channel name, and purpose of the channel for all channels, which will be assigned in your base, mobile, and/or portable radios. If requesting multiple types of equipment with different numbers of assigned channels, reference channel numbers in the Grant Narrative to further define intended uses. Your communications officer or radio vendor may be able to assist in providing this data. For all transmit channels, the applicant is reminded that they must hold a valid license from the FCC or a letter of authorization from a licensed user in order to transmit and use that frequency.   In accordance with the State EMS Communications Plan dated August 1996, VHF radios should be equipped with 155.205, 155.340, 155.400, and 155.280 MHZ for statewide mutual aid and hospital communications where channel capacity permits. UHF MED frequencies may be listed by their channel name (i.e., MED 1, MED2, etc.). Provide an attachment for any channel plan exceeding 16 channels. A second form or attachment is necessary for defining requests in multiple frequency bands.

Pager and Alerting Information (Required for All Requests for Pagers, Paging Portables, and Alert Monitors): Provide the name of the alerting communications center and paging/monitoring frequencies. Indicate whether members will be paged as a group, by duty squads, and/or individually.   Explain any requirements for paging/alerting by multiple dispatch centers or on multiple frequencies in the Grant Narrative.

Current Inventory of Requested Communications Equipment (Required for All Radio Requests): List the specific communications equipment requested in the grant application by broad category, i.e., "Mobile Radios" or "Portable Radios" or "Minitor Pagers".   List separately for each frequency band, and indicate the band (Low Band, VHF High Band, UHF, 800 MHZ, Cellular, PCS, etc.).   Indicate the existing inventory, the number of items requested in the application, and the number of items, which will be reassigned or disposed. Calculate the proposed total inventory. Explain additional and/or replacement needs as well as any plan for reassigning or disposing of old equipment in the Description of Project (grant narrative).   Only types of equipment requested in the grant application are required to be listed in this section.

Base Stations/Fixed Radio Equipment: Requests for **base stations, consoles, or other specialized and unique equipment** must be accompanied by a full description, explanation, and proposal(s) including an itemized equipment listing and cost breakdown. Sketches, diagrams, and/or other technical and functional specifications should be furnished where necessary to define the scope of the project or in the event proposals are not available. The locations of all base stations, consoles, or other specialized and unique equipment should be listed in the Description of Project (grant narrative). Be sure to explain the purpose and functional use of all equipment, and how it will impact the delivery of EMS.

Remember to include a full description of requested equipment in the narrative or on attached quotations/technical specifications.

Affirmation - Page 9

The affirmation is a statement that indicates that the authorized agent has truthfully, and to the best of his/her knowledge completed this application accurately. This page must be an original with original signatures from all parties indicated.

- **Agency/Organization Authorized Agent** - The authorized agent is the person responsible for the completion of the grant application on the agency's behalf.
- **Agency/Organization Name** - Provide the complete name of the agency/organization.
- **Printed name of the Authorized Agent** - Print the name of the authorized agent.

- **Signature of the Authorized Agent** - An original signature must be provided by the authorized agent.
- **Title** - Provide the title of the authorized agent. (Example: President, Captain, etc.)
- **Date** - Provide the date that the application was signed by the authorized agent.
- **Operational Medical Director (OMD)** – Provide the name of the agency's OMD. The OMD is required to be aware of an agency's application for funds under RSAF.
- **Printed Name** - Clearly print the name of the OMD.
- **OMD Signature** - An original signature must be provided by the OMD.
- **Daytime Telephone Number:** Daytime telephone number of the OMD.
- **Date** - Provide the date that the application was signed by the OMD.

OPTIONAL
City/County Representative Notification

- **City/County Representative -** You are encouraged to inform the City/County Representative of the request for grant funds.
- **Printed Name** - Clearly print the name of the City/County Representative notified.
- **Title of Representative** - Please provide the title of City/County Representative.
- **Daytime Telephone Number:** Daytime telephone number of the City/County Representative.